Date:	Permit No				
	CATION FOR BUILDING PERMIT				
	VILLAGE OF CLEVELAND				
OWNER:	Address:				
Telephone No. (day)	(evening)				
Project Address:	OR Location:				
Tax Parcel No.:	Current Zoning:				
Description of Work:					
New Construction/Addition	NS: Sketch layout of new construction on the back of this application.				
Estimated Cost of Project: \$	Anticipated Starting Date:				
Remodel/Improvement FOR USE AS:	HVACElectricalPlumbingRazingMovingOther ResidentialAgriculturalCommercialIndustrial				
CONTRACTOR:					
Address:					
Telephone No.	Certification #				
PLUMBER:					
A ddwore:					
	Certification #				
ELECTRICIAN:					
Address:					
	Certification #				
HVAC:					
Address:					
	Certification #				
Ordinances and the conditions of this per expressed or implied, of the Department,	mit to do the work herein described; agrees to comply with the Municipal mit; understands that issuance of this permit creates no legal liability, either Municipality, Agency or Inspector; and certifies that all of the above information le for contacting the Inspector to arrange for inspections.				
NAME of APPLICANT: print:_	Date:				
(For office use only)					
Building Permit Fee: \$	Approved:				
	Date:				
Water Main Tap Service Fee: \$					

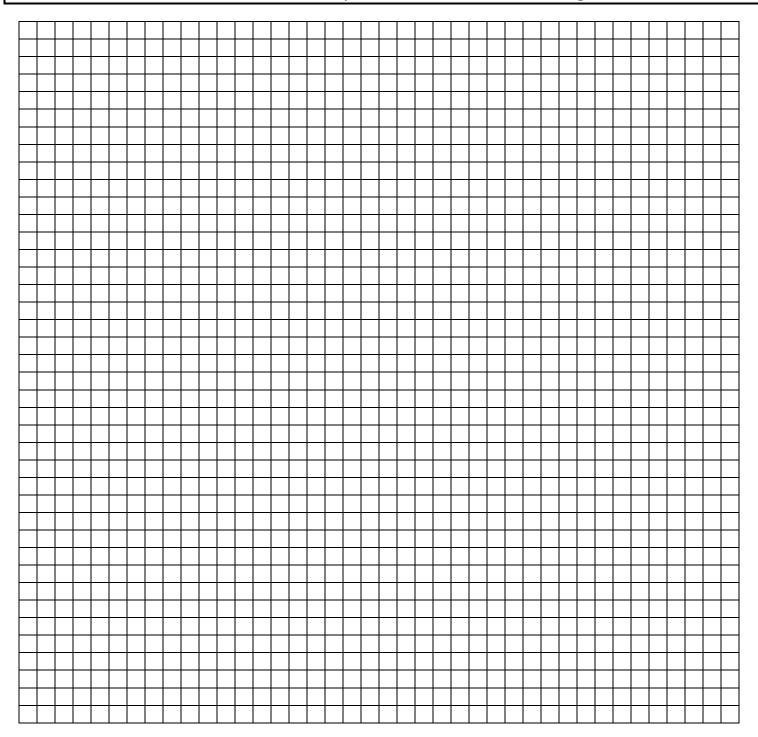
Paid by:

Check # _____ Cash ____

Total

	Proposed setbacks (road)	(rear	(side)) / Accessor	y / Out-Building Size	e: x
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NEW CONSTRUCTION/ADDITIONS: Sketch layout of new construction, including setbacks.



LEGEND

Pete Scheuerman **Between the Lakes Building Inspection**N5835 Ridge Road

Plymouth WI 53073

920-526-2200 1-800-590-2366 Fax 920-526-2202